THE

BOSTON MEDICAL AND SURGICAL JOURNAL

VOL. LXXVII. THURSDAY, OCTOBER 17, 1867. No. 11.

SURGICAL CASES, FROM THE RECORDS OF THE CITY HOSPITAL, BOSTON.

[Reported for the Boston Medical and Surgical Journal, by DAVID W. CHEEVER, M.D., one of the Visiting Surgeons.]

TWELFTH PAPER.—*Two Cases of Popliteal Aneurism.*

CASE II.—*Popliteal Aneurism treated by Flexion. Recovery.*—(Service of Dr. BUCKINGHAM.) E. B., æt. 40, a laborer, entered the City Hospital March 13th. His health had always been good. Ten weeks ago, he first noticed a swelling in the right ham, which has slowly increased in size since. He can assign no cause for its appearance. It has begun to be somewhat painful of late; darting pains shooting through the calf.

Now, has a pulsating tumor, three inches long and one and a half broad, in the right popliteal space. No redness; no œdema either there, or below in the foot. No tenderness on pressure. The swelling is even, fusiform and smooth; and seems like a dilatation of the popliteal artery, gradual, uniform and not diffused.

Compression over the femoral artery checks all pulsation in the tumor. Flexion of the leg on the thigh stops the pulsation in the tumor, as well as in the anterior and posterior tibial arteries.

After consultation, a trial of the treatment by *flexion* was decided on.

Flexion was begun March 20th, and morphia subcutaneously ordered, when needed. Flexion was borne by the patient only about sixteen hours, and even then with some minutes of occasional extension. At no time was the current wholly stopped in the tumor, but only retarded. At the end of this period of about *sixteen hours*, the tumor had changed in appearance. It was somewhat shorter and very considerably wider than before. The patient was unwilling to have the leg flexed again, on account of the pain, and it was determined to wait and see the result.

March 22d, the following day, the tumor had diminished in size; there was only a feeble pulsation, and very little pain.

23d.—Tumor hard to the touch. *No pulsation in it, or the tibials below. Two days only since flexion was discontinued.*

31st.—Tumor has been quite tender to touch. Now, less so. No return of pulsation.

April 5th.—Tumor diminishing in size. No pulsation below tumor yet.

13th.—About this time pulsation was detected feebly in the dorsalis pedis artery; between three and four weeks since the operation.

30th.—The circulation of the foot is perfectly restored; now about six weeks since flexion. The aneurismal sac has shrunk up, and remains without pulsation, hard, and not sensitive.

May 10th.—He was discharged, well.

CASE III.—*Popliteal Aneurism treated by Acupressure. Recovery.*—(Service of Dr. CHEEVER.) The patient is 30 years old, by occupation a bootmaker. He entered the City Hospital July 30th, 1867, having noticed, seven months previously, a small tumor in the left popliteal space, which was quite painful. The pain had continued, at intervals, up to the time of admission, and was aggravated by fatigue, especially after unusual exercise in walking. The tumor grew slowly, and it was noticed that the leg was at times considerably swollen.

The aneurismal tumor, at entrance, was situated in the left popliteal space. The difference in the circumference of the two legs at the knee was about two inches. The patient's condition was otherwise good; appetite, pulse, and functions generally, all normal.

On the day after entrance to hospital, *treatment by flexion* was commenced. The leg was flexed on the thigh, and retained in position by proper straps. Complete flexion almost entirely controlled the pulsation of the aneurism, but this at first was not persisted in. One fourth of a grain of sulphate of morphia was ordered *pro re natâ*. Flexion was commenced at 2, P.M., July 31st.

Aug. 1st, 6, A.M.—Severe pain until 11 o'clock last night; relieved by morphia. Not much sleep during night. Is now quite comfortable. 9.30, A.M.—Severe pain in knee. Morph. sulph. gr. ¼. 10.30, A.M.—Pulse 96. Leg and foot somewhat swollen, and temperature increased. Pain less. 2.15, P.M.—Pulse 92. Sole of foot feels as if "needles were sticking in it." 8, P.M.—Pain in knee continues. Morh. sulph. gr. ¼.

2d, 6.30, A.M.—Slept well last night. Quite comfortable now. Tea and toast for breakfast. Pulsation to be felt distinctly. 10, A.M.—Morph. sulph. gr. ¼, subcutaneously. 4.15, P.M.—Flexion discontinued and leg extended. Pulsation seemed weaker. 6.30, P.M.—Flexion renewed (45°). 7.15, P.M.—℞. Morph. sulph. gr. ⅓, subcutaneously.

3d, 8, A.M.—Slept well until 2, A.M. Leg extended. Pulsation about the same. 10.30, A.M.—Flexion renewed as before. 3.15, P.M.—Morph. sulph. gr. ⅓, subcutaneously. 8, P.M.—Leg extended for the night.

4th, 7, A.M.—Comfortable night. Pulsation same. Leg flexed

at an angle of 45°. Foot and leg swollen and œdematous. 11, A.M.—Flexion increased by one half by tightening straps. 12, M.—Pain severe through the knee and foot. Morph. sulph. gr. ½, subcutaneously. 8, P.M.—Pain continues. Morph. sulph. gr. ½, subcutaneously.

5th, 7, A.M.—Flexion remitted. The dimensions of the tumor are now as follows:—Transversely, four and a half inches; longitudinally, three and a half inches. Pulsation as strong as before treatment.

The following synopsis will exhibit more succinctly the times of flexion and extension. Treatment by flexion lasted 118 hours; or five days and nights, lacking two hours.

The first period of flexion at 45° was				52	hours.
" second	"	"	"	13½	"
" third	"	"	"	9½	"
" fourth	"	" drawn up tight,		24	"
			Flexion,	99	"

Relaxation	2	hours.
"	2½	"
"	11	"
"	3½	"
	19	"

99 hours of flexion out of 118 hours of treatment.

It seemed idle to pursue this method farther. The patient was getting depressed by it, and no sign of consolidation appeared in the tumor. On the contrary, the latter looked as though it might become diffused before long.

Treatment by any form of pressure was therefore abandoned. And it remained to resort to the ligature or to acupressure. The latter was decided on.

Aug. 6th, 11, A.M.—*Operation.* The patient was fully etherized. The leg and thigh were flexed and rotated outward. An incision about two inches in length was made in the apex of Scarpa's triangle, parallel with the inner margin of the sartorius muscle. The femoral artery was readily reached, and a curved director was passed beneath it. The long saphenous nerve was drawn outwards. An ordinary shawl pin, with a large glass head, was passed from without inwards obliquely through the skin and subjacent muscle (sartorius). It entered at a point one inch external to the incision, and was directed obliquely downward and inward, so as to cross the artery above, and to pass between it and the vein. The point was then directed downward to pierce the adductor muscles beneath the vein. It was hoped thus to compress the artery, without pressing on the vein. This manœuvre failed to control the pulsation, and was abandoned. The artery being lifted on a director, the acupressure

needle, piercing the sartorius and crossing over the artery as before, was now passed between the artery and vein, and the point turned outwards along the director, and beneath the artery, until it pierced the rectus muscle and rested on the femur. Thus the artery was lifted away from the vein, and compressed between the pin and the sartorius and skin.

All pulsation immediately ceased in the aneurism and below. The wound was closed externally by three wire sutures, the pin being left in place, with the head alone protruding. 12, M.—Patient was placed in bed, with leg slightly flexed. Special watch.

Having observed the great rise in temperature following lesions of the sympathetic nerve in the lower animals, through some impression, probably, conveyed to the *vasa vasorum;* and having also noticed a similar increase of heat after the ligature of large vessels, I directed that the limb should not be packed in wool, as is ordinarily done after ligature, but be left uncovered, and the temperature carefully watched. External warmth was to be applied if the heat of the limb or foot fell below that of the other. 12.52, P.M.—Temperature in axilla, 98.5°; in groin, 97.25°. Left leg (the leg affected), four inches below the knee, 95.5°; right leg, four inches below the knee, 93.5°. 2, P.M.—Recovered from effects of ether. Complains of darting and stinging pains in sole of foot, calf of leg and seat of aneurism. 5.15, P.M.—Temperature the same. Pain continues, with slight twitching of muscles of calf. Milk *ad libitum*, and sulphate of morphia to be given *pro re natâ*. 6, P.M.—Pain undiminished. Morph. sulph. gr. $\frac{1}{4}$, subcutaneously. 8, P.M.—Pain continues. Morph. sulph. gr. $\frac{1}{3}$, subcutaneously. 10.15, P.M.—Slight spasmodic contractions about seat of aneurism. No pulsation. Pulse 88. 11.45, P.M.—Very restless. Morph. sulph. gr. $\frac{1}{3}$, subcutaneously. Very slight oozing from the wound.

7th, 6.30, A.M.—Rested well the latter part of the night. One dejection at 4, A.M., and another now. Darting pain in leg and popliteal space. Aneurismal tumor smaller, hard and tender. Leg and foot somewhat swollen and œdematous. Twenty drops of tincture of opium to control tendency to diarrhœa. Milk and cracker for breakfast. Pulse 96. 8, A.M.—Vomited soon after taking laudanum. One loose dejection. Morph. sulph. gr. $\frac{1}{4}$, subcutaneously. Tongue dry and coated. Much thirst. Broken ice by mouth. 10.30, A.M.—Drowsy. No very severe pain. Diet of milk porridge and boiled milk *ad libitum*. 12.35, P.M.—Two discharges since last record. Pil. opii gr. $\frac{1}{2}$, after each dejection. 2.30, P.M.—Feels quite comfortable. Pulse 104. One dejection. Continue opium pill. 4.25, P.M.—Pain in popliteal space. Morph. sulph. gr. $\frac{1}{4}$, subcutaneously. 8, P.M.—Diarrhœa continues. Opium pill. Some swelling noticed about incision.

8th, 2.30, A.M.—Restless and retching. Pulse 100. Morph. sulph. gr. $\frac{1}{4}$, subcutaneously. 10.45, A.M.—Slight blush about wound. Sutures removed. No pus, and only a drop of serum. Warm fo-

mentations to wound. Apparent temperature of left foot lower than that of right; foot covered with cotton. Face flushed. Pulse 120. Ice to tongue. 2, P.M.—Quiet and comfortable. Pulse 112. 6.15, P.M.—Quite comfortable. Wound surrounded by swelling and redness, which tend to increase. Aneurism less tender. Leg and foot less swollen. Pain of sole and toes of left foot, with pricking and darting. Patient in good spirits.

9th.—Had a good night. Reports himself "feeling splendid" at 7, A.M. Blush about the same. Twitching of muscles all gone. Swelling of foot and leg less, and tenderness of the tumor much diminished. Fomentations still continued. Sensation in left foot less acute than in right. 12, M.—The pin removed, exactly seventy-two hours after its insertion. No pus or serum followed. Pin perfectly dry. No pulsation in popliteal tumor or in foot. Tumor diminishing in size. The incision above had apparently closed by first intention, yet it was thought that fluid could be detected beneath. The blush was a little increased; fomentations continued. Diet—tea and toast. ℞. Tr. ferri mur. gtt. xx. *ter die.* 7.30, P.M.—Doing nicely. Morph. sulph. gr. $\frac{1}{8}$, subcutaneously.

10th, 7, A.M.—About two drachms of pus pressed out from beneath incision. Pulse 90, strong. Blush about the wound much less. Appetite improving.

11th.—Small discharge of pus. Swelling less. The blush nearly all gone. Pulse 76.

12th.—Comfortable night, with opiate. Incision granulating. P.M.—Sat up in chair an hour. Sensation returning in sole of foot.

13th.—Continues to improve. Discharge from wound slight. Fomentations to thigh and wool to foot continued.

14th.—Doing well. Apparent temperature of left leg *higher* than that of right, as determined by the hand.

15th.—Progressing favorably. Temperature—left leg (the one operated on) at calf, 96.5°; right leg do., 92.5; left foot between toes, 94°; right foot do., 92°.

16th.—Very slight discharge. Incision one half closed. Temperature unaltered. To-day, for the first time since operation, tickling of the sole gives reflex motion.

17th.—Sits up more or less every day. Discharge from wound very slight, and does not increase on pressure of adjacent parts. Patient can move leg and foot without discomfort. Temperature—left leg at calf, 96.5°; right leg do., 93°; left foot between toes, 97°; right foot do., 92.5°. Has taken every night at bed-time, since Aug. 12th, morph. sulph. gr. $\frac{1}{16}$–$\frac{1}{8}$, subcutaneously.

18th.—Improving. Fomentation omitted. Simple cerate dressing. Temperature—left leg at calf, 97.5°; right leg, 95.5°; left foot, 98; right foot, 92.5°. Opiates omitted. ℞. Potassii bromid. grs. xxx. at 7, P.M.

19th.—At 2, A.M., a slight oozing hæmorrhage occurred from

wound, apparently of venous blood. Yesterday, without permission, patient walked about ward on crutches, dragging his left foot, and during last night he moved his leg and foot considerably in bed. Hæmorrhage easily controlled by pressure. 9.30, A.M.—Slight hæmorrhage renewed; controlled readily by ice to part. 7, P.M.—℞. Morph. sulph. gr. $\frac{1}{8}$, subcutaneously.

20th.—Rested well last night without recurrence of hæmorrhage. Quite free discharge of bloody pus from incision. Warm fomentations applied to part. Slight darting pain in foot. Temperature—left calf, 96.5°; left foot, 98°; right calf, 94°.

21st.—Comfortable and doing well. Discharge nearly ceased. Fomentations omitted. Temperature—left calf, 95.5°; left foot, 96.5°; right calf, 93.5°.

22d.—Doing well. No pain in leg or foot. Temperature—left calf, 93.5°; left toes, 93.5°; right calf, 92.5°.

23d.—Improving daily. Incision nearly healed. No pus. Takes potass. bromid. grs. xl.–lx., in divided doses after 3, P.M. Sleeps well. Temperature—left calf, 95°; left toes, 95.5°; right calf, 94.5°; right toes, 96.5°.

24th.—Leg and foot appear of natural color, but the foot still feels slightly numb. Temperature—left calf, 95.5°; left toes, 96.5°; right calf, 94°; right toes, 96.5°.

25th.—Discharge just enough to slightly soil dressings. Patient walks about ward with crutches, and can bear some weight on left foot. Temperature—left calf, 96°; left toes, 95°; right calf, 93.5°; right toes, 95.5°.

26th.—Incision almost well; small granulating spot. Leg and foot are in every respect normal in appearance and condition, except in temperature; and the left foot is slightly more sensitive than the right. There is no tenderness in popliteal space. Aneurismal tumor small and very hard. Discharged, well—twenty days after operation.

It will thus be observed that throughout the period of acupressure, and even until his discharge, the temperature of the left (operated) limb was uniformly higher than that of the other. Unfortunately, in the midst of the case, the thermometer constructed to take the temperature was broken, and several days were lost before another could be obtained. It was during this interval that the *apparent* temperature of the toes to the hand seemed slightly lower than that of the other foot, and I therefore applied cotton to the foot, but no higher up the limb.

May it not be that external warmth applied after ligature promotes gangrene, by favoring and increasing the passive congestion which exists already? Such we know to be the action of warm poultices in the congestive stage which precedes senile gangrene.

I am inclined to think that the suppuration which followed the acupressure was due to long and rough manipulation in securing the

vessel. Could the last manœuvre adopted have been foreseen and used first, I think laceration and stretching of the sheath and cellular tissue might have been avoided.

The peril of secondary hæmorrhage from the vessel divided by the ligature was avoided by acupressure.

It may be noticed in the first case reported, that flexion, for a few hours only, altered the sac so that consolidation took place promptly. In the second case, flexion was pursued over four days and nights constantly, but without effect. The difference in result, I think, is due to the fact that the first tumor was very small, fusiform, and easily compressed; the second was very large, flattened, and tending to become diffused.

Flexion so long in the second case may have enlarged the collateral vessels, and put them into a better state to sustain the circulation after acupressure of the femoral artery.

One month after leaving the hospital, the patient continued perfectly well.

RE-VACCINATION.

By Isaac G. Porter, M.D.,* of New London, Conn.

[Communicated for the Boston Medical and Surgical Journal.]

While we honor the ability and learning of Drs. Cotting and Buckingham, and admire their facile pens and the courage which they show in controverting the practice of re-vaccination, now so nearly settled, as a legitimate and established principle in the profession, yet may we not inquire whether they are not needlessly disturbing a healthful sentiment in the community? They do not, it is true, entirely discountenance it, but they discourage its universal, if not its general adoption.

The language of Dr. Cotting is as follows:—"Re-vaccination is not always the trivial affair it is usually represented to be. On the contrary, disasters from this source are frequent and damaging. This is not always properly revealed to us; not certainly in statistical reports in favor of the practice. Very likely a full statement would appal even its advocates. Severe illness is often thus produced, and a fatal termination occasionally the result of it. Possibly there have been as many deaths from repeated vaccinations as from varioloid after first vaccinations." Whatever may be true respecting the general principle embraced in the foregoing, how few practitioners, judging from the results of their experience, can endorse and sanction the hypothetical opinion expressed in the last sentence. What is there, in the nature of things, that can render pure vaccine matter inserted in a healthful constitution so much more noxious

---

* Late President of the Connecticut Medical Society.—Ed.

in subsequent operations than it was in the primary? Does not everything depend, in either case, upon the measure of health enjoyed at the time, the collateral circumstances, and the purity or impurity of the matter used? For nearly thirty years I have never hesitated to re-vaccinate any who desired it, and such has been the universal practice of the physicians in this vicinity; but, so far as my knowledge extends, no danger, or inconvenience beyond a trivial and local inflammation has occurred. During the late war, I re-vaccinated, at Fort Trumbull, hundreds and probably thousands of soldiers, preparatory for the field, and in no instance did evil results follow. Is not this, with few exceptions, the general voice of the profession throughout the country and the world? The practice in question has been nearly universal throughout the European armies, and in all the statistics thus furnished, embracing hundreds of thousands of cases, I do not remember to have seen the report of a death clearly attributable to the operation. But Dr. Buckingham endorses an opposite opinion and says:—"I have known two cases of re-vaccination to terminate fatally." How small the number in the populous city of Boston! and, from the proximity of the residences of the two physicians named, and the notoriety which deaths from such a cause must obtain, is it not probable that both have in mind the same cases?

Within the last few years, two physicians, practising in this city or its immediate vicinity, vaccinated in infancy, and repeatedly in attendance upon patients severely ill with smallpox, and escaping all harm, were, much to their chagrin, when called again after the interval of a few years to attend variolous cases, severely visited with varioloid. Does not this show that in the interval alluded to, and just prior to the last cases, their blood had acquired new susceptibility to diseased action, and that there had been generated within it a material *something*, which was capable of being converted into a substance identical with the variolous poison casually introduced?

I lately attended a man very ill with variola. In the family was a lady nearly 70 years of age, who had been vaccinated successfully in childhood, and was now much exposed to the infection. She was at once re-vaccinated, although traces of a former operation were apparent, and with an amount of success, judging from the stages of the vaccine disease, which could not have been surpassed had her age been seven months instead of seventy years, and she entirely escaped the variola. In all probability, what would have been the result, as regards varioloid, had the two physicians who had it, been carefully re-vaccinated a few weeks prior to their last exposure?

These facts are not adduced as possessing any novelty, since such cases are "known and read of all men."

But the respected writers referred to dwell upon the fact that aside from inconvenience and suffering resulting from re-vaccination, death itself may occasionally be attributed to it. So rare is this

incident, or indeed any serious ill result, while on the other hand the operation is so very common, that it does not seem irrelevant to quote the language of Sir Benj. Brodie on another subject. In a clinical lecture he says:—"A man died in this hospital from the consequences of the sting of a bee, and another from the consequences of the bite of a leech. A lady had a small encysted tumor on the head not larger than a pea. A surgeon removed it, and she died from erysipelas of the scalp. In these cases the danger is so small that it is not to be put in comparison with that which will arise from allowing a disease to remain, which is itself a source of danger. We must be contented to incur risks in many of the common concerns of life. You may go out on horseback, or on the top of a stage coach, and may be thrown off and killed; or you may be smashed on a railroad or drowned from on board a steamer. As these very trifling hazards are to be overlooked under other circumstances, so they are to be disregarded in the smaller operations of surgery." Is not re-vaccination a parallel case, so far as danger is concerned? Nothing in this world is so far perfect as to leave naught to desire respecting it. "*Exceptio probat regulam.*" Drawing an illustration from another profession, the scheme of free agency, the product of infinite wisdom, has sin as an incidental evil.

While we would not needlessly or thoughtlessly re-vaccinate, any more than we would apply a leech to our hand or invite the sting of a bee, the evils and dangers of the practice in question are so very small in comparison with the probable protection thereby afforded, that true wisdom, as regards the best good of the human race, demands that they be practically ignored.

P. S.—Since writing the foregoing, I have seen the article by Dr. Seaverns, which is referred to by Dr. Buckingham. While pleased with the thorough knowledge of the literature of the subject which it exhibits, and, as I believe, the soundness of its views; if it be proper, I would say, that the profession at large must be pained at witnessing, in a scientific paper, such personalities as mar its otherwise fair proportions. They savor of those feuds, based on private interests, which too often arise between village practitioners, and which dishonor the profession by making it a by-word and a synonym for disagreement. Such is human nature, that they operate against the cause which they aim to advance, since we cease to appreciate arguments in our sympathies for the man attacked.

M. Maissonneuve, at the Hôtel Dieu, Paris, in the treatment of wounds depends very much upon an entire exclusion of air, asserting that nine cases in ten of amputation of the thigh may be cured by it. In the case of ulcers, his favorite treatment is repose, rest in the horizontal position—not allowing a patient with an ulcerated leg to get up at all for any purpose whatever.

CONTRIBUTIONS TO MATERIA MEDICA AND THERAPEUTICS.

By John P. Mettauer, A.M., M.D., LL.D., Prince Edward C. H., Virginia.

[Continued from page 190.]

Apocynum Androsæmifolium.

This valuable therapeutic agent belongs to the class Apocynaceæ—the dog-bane family. Calyx persistent, five-cleft, minute. Corolla campanulate, with the limb divided into five short, spreading or revolute lobes, the base with five glandular teeth, alternating with the stamens. Stamens five; anthers sagittate. Style wanting. Follicles two, long, distinct. These are the characteristics of this class generally.

Androsæmifolium has stamen erect, with spreading branches. Leaves ovate, glabrous. Flowers in terminal and lateral cymes. Tube of the corolla longer than the calyx. White, tinged with red. It is perennial, and flowers in June, July and August. In Virginia it is very common, and grows from two to five feet high.

The root is the portion of the plant employed in medicine. It is of the horizontal description, often extending three and four feet, is nearly cylindrical, seldom larger than the little finger, and of a dark-brown appearance. The interior of the root is white; the bark easily separates from the ligneous portion, and, when fresh, yields a large quantity of a milky fluid upon being cut. When dry, the bark, which is the active portion of the root, is readily pulverized, and has a bitter, herbaceous taste, which is imparted freely to alcohol, and water hot or cold. For medical use this root may be collected at any season of the year, but the writer thinks its medical properties are most active when the fructification just begins to appear. It should invariably be dried before it is used, as in its fresh, succulent state it possesses acro-narcotic properties which are extremely offensive to the stomach.

Androsæmifolium possesses emetic, cathartic and tonic properties of very decided power. Given in strong tincture, infusion, or in powder, in doses of ten or fifteen grains, it often vomits freely and promptly. These properties adapt it to the treatment of quite a variety of diseases. In popular practice it is often resorted to as an emetic when vomiting is deemed necessary. Very frequently, too, families employ it as a cathartic, or as an emetico-cathartic. Most commonly, however, it is popularly resorted to in reference to its tonic effects. It is exceedingly probable that it was first employed in Virginia as a remedy in colic, and this supposition is supported by the fact that it was early denominated colic root in many portions of the State, and is still so denominated. Another bitter root, however, the Gentiana catesbæi, is also a popular remedy in colic, which likewise bears the name of colic root, but possesses no emetic or cathartic properties. The active purgative powers of the androsæmifolium

were early known, and doubtless led to the use of it in colic, especially in the early period of our history when foreign medicines were not to be had.

Hitherto this valuable agent has been chiefly employed in popular practice, or by some of the early physicians who have long since gone to their final account. For more than thirty years the writer has been familiar with it as a therapeutic agent, and in numerous instances he has had recourse to it as a cathartic and tonic with the most gratifying results, and chiefly in the following diseases.

Scrofula.—In this cruel affection it is decidedly the most safe and valuable cathartic we possess, and it may be employed in infusion, tincture or powder. The two first, however, are the preferable forms of using it in this disease, the powder being generally too active, and much more disagreeable to take. When patients are much emaciated and enfeebled by scrofula, the tincture generally is the most suitable form of using the remedy, prepared according to the annexed formula: ℞. Apocyn. androsæm. rad. contus., ʒ iv.; coriand. sativ. sem., ʒ iss.; alcohol. dilut., or French brandy, ℔ ss. Digest fourteen days. Dose from f ʒ i. to f ʒ iij. Given in doses of one or two drachms night and morning, properly diluted, it acts gently as an aperient tonic, regulating the bowels, and at the same time by its bitter tonic properties increasing the appetite and strength of the patient. If other remedies are demanded, such as the preparations of iodine, bromine, iron, and the like, their administration will not be incompatible with the tincture. On the contrary, in many instances, it seems to promote the remedial action of those remedies, by regulating the functions of the bowels, liver, and the organic tone.

The infusion is better adapted to cases of the disease attended with acute characters, in which less emaciation and debility exist, and when an alcoholic stimulant, even in the form of a menstruum, would be objectionable. The infusion generally employed by the writer is that prepared according to the annexed formula: ℞. Apocyn. androsæmifol. rad. contus., ʒ iv.; gillin. trifol. rad. contus., ʒ i.; corn. Florid. cort. contus., ʒ iss.; rhus glabræ cort. exsiccat., ʒ ss.; coriand. sativ. sem., ʒ iss.; aq. pur. bullient., ℔ i. Infuse in a close earthen vessel for an hour; then filter and add f ʒ ij. of diluted alcohol or brandy. Dose from f ʒ ij. to f ʒ iv. Of this, from two to four drachms may be taken night and morning, according to its action upon the bowels. Besides the purgative and tonic effects of the androsæmifolium, this mode of administration of it secures important diaphoretic, diuretic and expectorant results, from the articles with which it is combined, adapting it admirably to cases of rather acute character, in which the secretions of the skin, kidneys, and bronchial mucous membrane are defective. Like the tincture, this form will not, in the slightest degree, interfere with the employment of any other remedies deemed necessary to combat scrofula.

In rheumatism, when combined with gum guaiacum, it greatly enhances the remedial action of the guaiacum. Employed according to the annexed formula, the writer considers it the best form of using the guaiacum in all cases of chronic rheumatism accompanied with articular swellings and emaciation. ℞. Apocyn. androsæmifol. rad. contus., ʒ vi.; guaiac. offi. resin., ʒ iv.; phytolac. decand. bac. exsiccat., ʒ iij.; alcohol. dilut., or brandy, ℔ i. Digest fourteen days. It should be given in doses of one or two drachms night and morning, merely to increase the peristaltic movements slightly beyond their natural activity. A Dover's powder should generally be given at bedtime, especially if the pain disturbs sleep, or the patient is restless.

In dyspepsia, or in torpor of the bowels from sedentary habits, the powder or tincture may be very beneficially employed, taken at night in aperient doses. Eight or ten grains, or less, of the powder, made into pills with a small quantity of soap, or a drachm or more of the tincture, taken at bedtime, and continued, rarely fail to relieve these affections.

Internal scrofula, especially when the glands of the mesentery are affected, or when the lungs are implicated in the disease, is often greatly alleviated by the cautious use of the tincture, or the infusion, particularly when there is torpor of the bowels and increasing debility. The tonic aperient action of the remedy both corrects constipation and sustains the vital tonicity. In this appalling disease the androsæmifolium, in many cases, seems to act almost as a specific, the curative effects being manifested by favorable changes so gradual and slight as to be with difficulty appreciated for a length of time after using it. It seems to act in a peculiar manner in these affections, and in nearly every instance without enfeebling the patient, even when it acts freely upon the bowels as a cathartic.

In dyspeptiform disorders, the tincture taken in small doses, once or twice daily before meals, is often followed by results highly beneficial. In these cases it seems to act as a tonic and gentle aperient, giving tone to the secretories as well as the walls of the stomach and bowels, at the same time that it re-excites and maintains the peristaltic exercises in a proper state of activity. The writer has often seen it employed in such cases with distinguished benefit, especially with lymphatic individuals, and when they seemed to possess a scrofulous aptitude.

As an anti-periodic, it has been found useful in the treatment of intermittent fever, used in the forms of tincture and infusion, but as it was generally employed in combination with serpentaria and chamomile flowers, it would be unjust to ascribe the cures to the androsæmifolium only. In these forms the remedy acts pleasantly, seeming to meet the indications fully and without disturbing the stomach or bowels, unless overdosed. In the early history of Virginia it was often resorted to in popular practice, by reason, no doubt, of the

want of more generally employed anti-periodics of established reputation.

Crusta Genu Equinæ.

The experience of more than thirty years with this valuable, yet unpretending nervine incitant, abundantly establishes its therapeutical value. In numerous instances it has been successfully employed in epilepsy, as well as various other forms of nervous disease, and by some of the ablest practitioners of the south, who testify to its great value. Its utility as well as efficacy in the treatment of epilepsy is fully sustained. Indeed the remedy has proved more successful in that afflictive disease, in the hands of certain practitioners who have given it fair trials, than any others employed by them. The writer regards it as the most reliable remedy in epilepsy now known to the profession, especially the sympathetic form of the disease. Even in idiopathic examples of this affection, it has been found of much service with persons of highly wrought nervous proclivities. It should be perseveringly used in this complaint after commencing with it, and gradually augmented to the maximum doses; and the forms of tincture and simple powder are equally applicable to the treatment of the disease.

As stated in the paper published in 1835,* the parings of the hoof are equally as active as the crust, and may be employed in tincture or powder in like doses with it. In some exceedingly interesting cases the writer has known perfect cures effected by the parings of the hoof used in the form of tincture. When to be employed in substance, the parings can be reduced to powder, by rasping, or grating it with a nutmeg grater, as stated in the paper referred to above.

Since the publication of that paper, the crust as well as the parings of the hoof have been found eminently useful in various nervous diseases, such as hysteria, nervous spasms of the stomach and bowels, uterine neuralgia, pleurodyne, neuralgia of the head and face, chorea, and the like. Employed in strong tincture, in doses varying from three to eight drachms, properly diluted with water, repeated after suitable intervals, there are few if any nervines which can compare with it in efficacy in the treatment of these affections. In many instances it has promptly relieved them after various other remedies had been ineffectually used. It is infinitely more valuable as a nervine than castor, musk, and valerian; seeming to exert its powers upon the nervous system rather as a calmant, than incitant, in its disturbed states of action.

Dr. B. F. Hart, of Marietta, Ohio, in a private letter to a friend, reports a case of successful puncturing of a distended bladder, after all the ordinary means had been resorted to. The operation was performed per rectum by means of a trocar and canula. The cause of distension was an impassable stricture.—*Medical Record.*

---

* American Journal of the Medical Sciences for August, 1835, No. xxxii. p. 333.

Bibliographical Notices.

Chemistry. By William Thomas Brande, D.C.L., F.R.S.L. and E., of Her Majesty's Mint, &c. &c.; and Alfred Swaine Taylor, M.D., F.R.S., &c. &c. Second American Edition, thoroughly revised. Philadelphia: Henry C. Lea. 1867. Pp. 764.

The American publisher prefixes the following notice to the volume before us. "Dr. Taylor having kindly consented to give to this volume a thorough revision, no additions have been found necessary to adapt it to the wants of the American student. The press, however, has been carefully supervised by a competent chemist, in order to secure the utmost typographical accuracy; and it is hoped that the work, in its present improved condition, will be found worthy a continuance of the very marked favor with which it has thus far been received."

Dr. Taylor in his preface says, "In preparing a second edition of the work on Chemistry, by the late Professor Brande and myself, I have endeavored to carry out the principles which influenced us in the selection of subjects and in the mode of treating them. We felt that there was a large amount of useful chemical knowledge available for the student, but that it was too often locked up in elaborate treatises, and incorporated with subjects of no practical interest. Our object in undertaking this work was to furnish the reader, whether a student of medicine or a man of the world, with a plain introduction to the science and practice of chemistry. With this view, we avoided, as much as possible, the introduction of questions connected with abstract science or with chemical philosophy, and we excluded from our pages the formulæ and descriptions of substances which were never likely to be seen except as rare and curious specimens in the cabinets of professors." * * *

The name of the author of "Taylor's Medical Jurisprudence" is a sufficient guarantee to the American student of the value of this work on chemistry.

A Dictionary of Medical Terminology, Dental Surgery and the Collateral Sciences. By Chapin A. Harris, M.D., D.D.S., Professor of the Principles of Dental Surgery in the Baltimore College, &c. &c. Third Edition, carefully revised and enlarged, by Ferdinand J. S. Gorgas, M.D., D.D.S., Professor of Dental Surgery in the Baltimore College, &c. &c. Philadelphia: Lindsay & Blakiston. 1867.

This is a book of 743 pages, clearly printed on good paper, and replete with definitions appertaining to dentistry, and also to various kindred and distantly related sciences. Physiology, chemistry, pathology, materia medica, &c., are therein represented. It is a valuable work for reference for many besides the despots of the teeth.

The number of cases treated in the Pennsylvania Hospital during the year embraced in the last annual report, was 1944—in the medical wards, 703; in the surgical, 1241, 703 of these latter being cases of accidental injury. In the Insane Department at Blockley, 526 were under treatment.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, OCTOBER 17, 1867.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION FOR 1867.

THE volume of the Transactions of the American Medical Association, which for several years has been judiciously dwindling from the bulky dimensions which formerly characterized it, this year appears in the reasonable proportions of between five and six hundred pages. According to our view it comes nearer to what such a publication should be than any of its predecessors. It is almost entirely made up of what strictly ought to constitute such a volume, namely, the reports of Sections or Committees of the Association, together with such few papers read before the Association as the Publishing Committee judged worthy of insertion. Several of these last, however, good as they are in themselves, would, in our judgment, have found a more suitable place for publication in some one of our numerous medical journals. Of the twenty-nine papers printed in the volume, nineteen are reports on various subjects, and two are essays to which prizes were awarded by the Association. As a whole, we most heartily commend it to our professional brethren, and we sincerely hope all the members of the Association will be induced to purchase it, and thus relieve its overtasked treasury.

Among the most valuable contributions to this volume is the elaborate report of Dr. R. C. Hamill on the Meteorology, Medical Topography and Epidemic Diseases of Illinois. This is a paper of great interest, and the result of very great labor. It contains no less than thirty-three elaborate statistical tables, which are of much value. In treating of the subject of consumption, the author draws a parallel between the States of Illinois and Massachusetts, exhibiting some very striking contrasts, which, as the northern third of Illinois is included within the same parallels of latitude as Massachusetts, are highly instructive. In Illinois, out of each thousand deaths, 109 only are caused by consumption, while in Massachusetts the mortality is 234. Dr. Hamill discusses the geological, the meteorological and topographical differences of the two States, then the social, the domiciliary and the dietetic. Illinois is a plain, without any barriers to prevent a general equalization of temperature, while Massachusetts presents a highly diversified surface. Illinois is almost woodless, while everywhere in Massachusetts there is more or less wooded country. The annual range of the thermometer is about six degrees greater in the former, and while the quantity of rain is about the same in each State during May, June, July and September, during the rest of the year one third more moisture in the form of rain and snow falls in the latter. Here is what he says of the transitions of temperature and hygrometric influences to which the dwellers in this State are subjected, as compared with those of his own:—

The effect of hill and dale, light and shade, heat and cold, eddies and currents of air, all enter into the account as we sum up the characteristics of climate. In hilly and mountainous regions the temperature and humidity, and, consequently,

the electric state of the atmosphere, are not the same upon opposite sides of the same elevation. In the glens you meet sharp currents of air, in the coves it is stagnant as the waters of the Dead Sea. A few hours' journey over the hills of Massachusetts carries you up a long hill-side under a burning sun; the perspiration oozing from every pore; the lungs working with accelerated force to supply oxygen to the increased circulation; then down the northern slope among rocks, and ferns, and mosses, and evergreens, springs and miniature cascades, into an atmosphere laden with moisture that checks the cutaneous transpiration, drives the blood from the external capillary circulation, and shocks the sensitive mucous surfaces of the overworked lungs, suddenly lowering the vital forces; and you bless the speed that carries you to the warm sunshine and ascent again, only to wish for the cool shade that awaits you beyond the mountain top. Thus the topography subjects you to a succession of physical influences, which in their tendencies favor the development of local congestions and inflammations. No such conditions obtain in Illinois. The broad prairies lie in an atmosphere constantly in motion, and modified only by such causes as affect large districts of country. There are great and sudden changes of atmospheric temperature, but they would have to occur several times a day to produce effects such as are experienced in a hilly country.

In discussing social influences, Dr. Hamill thinks the educational privileges of Massachusetts, and the love of knowledge and the fascination of books which follow in their train, are having a prejudicial effect on our people, by inducing too sedentary habits—a danger which the poverty of the masses in Illinois saves them from. In that State, also, the modern luxuries of over-heated and air-tight houses are almost unknown, and in their more loosely-constructed wooden tenements the hardy population have the benefit of a free admission of the external air. In the matter of diet, Dr. Hamill says the New Englander is more temperate in eating and drinking than the Western man; he does not consume half so much indigestible, empyreumatic oil in his hot bread, fried meats and eggs. We are forcibly struck, in this comparison, which we have thus hastily sketched, with the illustration which it gives of the law of compensation. Everything has its price; and the boasted advantages which we enjoy in the East are plainly bought by the sacrifice of much that is precious. It should stimulate us to a wise and moderate use of our privileges, and guide us in directing those hygienic influences which are within our control.

Dr. Hamill speaks in detail of several of the epidemic diseases which have prevailed in Illinois, and gives a large space to the city of Chicago, introducing elaborate tables of the age, sex and diseases of all who have died in that city for eleven years, each month being given separately; but our limits do not permit us to follow him. His paper, as a whole, is preëminently such as should find a place in the publications of the National Association—one that would not be likely to be called out in any other way.

Other papers of great value, some of them of very great labor in their statistical details, are the report on the Ligation of the Subclavian Artery, by Willard Parker, M.D., of New York; a Contribution to the History of Hip-joint Operations during the recent war, containing statistics of twenty amputations and thirteen resections of this joint in the Southern army, by Paul F. Eve, M.D., of Nashville, Tenn.; a statistical table on Lumbar Colotomy, by George C. Blackman, M.D., of Cincinnati; the Report on Rank in the Navy, by W. M. Wood, M.D.; on Insanity, by Isaac Ray, M.D.; and the two Prize Essays—the one, on the Cause of Intermittent and Remittent Fevers, by J. R. Black, M.D., of Newark, Ohio; the other, by Montrose A. Pallen, M.D., of St. Louis, on the

Treatment of certain Uterine Abnormities. Want of space compels us to do injustice to these and other valuable papers at the present time by giving them merely this passing notice.

Atomizing Apparatus.—We feel we shall be rendering to our readers a service by calling their attention to some of the various forms of apparatus for atomizing liquids for purposes of inhalation, or local anæsthesia, which are manufactured in this city. So much use is now being made of these methods of local treatment, that it is fortunate for the profession that they thus have within reach all the apparatus necessary for a thorough trial of them. We some time since called attention to the steam atomizer of Messrs. Codman & Shurtleff. The same firm manufacture Dr. Henry K. Oliver's excellent hand apparatus for inhaling purposes. From personal experience we can speak of the convenience of this contrivance; and it also has the recommendation of moderate cost. In the accompanying figure the manner of using it is shown.

The liquid to be inhaled is placed in the glass jar, which is provided with two openings, one, C, for the entrance of air, the other for the exit of the atomized fluid. A Bergsen tube is set within the jar on the side opposite the inhaling aperture, the upright branch being partially formed of rubber tubing. The bellows bulb, A, supplies the air-current, and the finely divided liquid is thrown across the jar to the mouth of the patient or against the sides of the jar, by which it is still more finely divided. By this arrangement the face of the patient is entirely protected, and the exact amount inhaled can be accurately determined, as all the vapor which is not directly drawn in is condensed and falls to the bottom, to be again atomized, until the whole is exhausted. The apparatus is portable, can be employed by the patient himself, and we can recommend it strongly.

Messrs. Codman and Shurtleff also manufacture Dr. Andrew Clarke's atomizing apparatus, of which a figure is here given. In using this apparatus, the air is supplied by pressure on the bellows bulb, F, which forces it into the elastic chamber, G, which, by its alternate expansion and contraction, keeps up a continuous current through the atomizing tubes at I. H, the bottle to hold the fluid employed. The valves of this apparatus are so adjusted that it can be used in any position. It is useful for inhalation, or for the application of spray to inflamed eyes or excoriated surfaces. It is also employed, with the various tubes which can be adjusted to it, for the production of local anæsthesia, according to Dr. Richardson's method. The manufacturers have shown great skill in adapting these tubes to all possible conditions. In addition to the simple contrivance for local freezing, they have adjusted tubes in pairs, so that the spray may be applied at the same moment on both sides of a tooth; this arrangement, we are assured, has been very successfully

employed for the painless extraction of teeth. A simple adjustment, of recent invention, admits of the ready employment of local anæsthesia in any position, without changing the tube, a great point gained; for application within the throat, or to the posterior nares, this contrivance is a great convenience.

Items from the International Medical Conference.—A physician from Montreal, Dr. Kingston, made the following important statement at the International Medical Conference, with regard to the prevailing diseases in Canada. He said that the two races inhabiting Canada, the French-Canadians and the English, follow a very different regimen and are subject to very different diseases. The French-Canadians eat much animal food—two or three pounds of pork daily. The English eat much less of it. Among the latter pulmonary diseases predominate, while those of the digestive system are most numerous among the former; but these are so infrequent and generally so mild in character, that he does not advise French physicians emigrating to America to turn their steps to Canada with a view to practise among their old compatriots, for they will not give them a living. The French-Canadians are in general more robust, larger and more muscular than the French, as he had been able to satisfy himself during his visit to France, and as he had noticed among the students of the two schools of medicine of the University of Montreal, the one French and the other English. Must we attribute, asks Dr. Kingston, these distinctive and strongly marked peculiarities exclusively to the difference of food, or to a longer acclimatization by the French-Canadians, whose ancestors were the first colonists of Canada?

The grand medal of honor offered by the Congress of Bordeaux for the best essay presented to the International Medical Congress, was awarded to Dr. Bourgarde, of Clerment-Ferrand, for an essay on the Principal Causes of Death after Surgical Operations.

In closing the International Medical Congress, M. Bouillaud, the President, proposed that in memory of the occasion, the walls of the amphitheatre should bear the inscription "*C'est ici qu'a siégé le premier Congres international en* 1867." He could not enumerate its labors, but they would hand its name down to posterity. He thanked with enthusiasm all those who had given it their co-operation, especially the medical press. May it obtain as a reward, he said, its crowning privilege, liberty, which is the first of all things, liberty of thought and understanding, the liberty of liberties! *(Prolonged applause.)* It must nevertheless have its limits, for everything has its laws, the physical as well as the moral world. There is no absolute, unlimited liberty. God alone is absolute, and next to him the right, according to the English motto, *Dieu et mon droit.* The sea has its limits, according to the words of Scripture, and the press, a kind of sea still more powerful and terrible, must have them also. *(Low murmurs.)* This liberty of the press will be the crown of the edifice, added M. Bouillaud, as my life has received its crown in the honor of presiding over this grand assembly of physicians of all nations. *(Applause.)*

Sir Dominic Corrigan's Charge against American and German Medical Schools. In connection with this subject, which we brought before our readers a few weeks

since, we quote the following from the *Medical News*, as taken from the *Medical Mirror*:—

As regards our American cousins, as they speak our language, and read our medical journals equally with ourselves, it is not necessary for us to do more than point out to them the above passage, and leave them to either acquiesce or refute the assertions of the learned baronet. At the same time, we must own that Sir Dominic Corrigan's assertion has taken us a good deal by surprise, for in no country is medical education better looked into, and no country can boast of more advanced teachers, or of a more high-classed medical literature. That there are quacks in America, we can believe equally well as we believe and know that such persons exist in our own country; but when it is stated that American universities sell their diplomas to all that can pay for them, just as beer or corn is sold, it is, in our humble opinion, clap-trap, and merely one phase of medical monopoly, which does not understand that international medical free trade does not mean international quackery. It is considered lawful for English corporations to give degrees as honorary distinctions to registered practitioners of well-known standing and ability, with either a very modified examination, as in the case of registered practitioners seeking the license of the London Royal College of Physicians, or with none at all, as has lately been shown at the last meeting of the British Medical Association in Dublin, or as yearly happens when the fellows of the London Royal College of Physicians are elected. We do not see why British colleges, which take upon themselves to decorate members of the British profession, should have a monopoly in this matter, and seek to exclude foreign universities from granting their diplomas to qualified British practitioners. To do this is not wrong, but an international medical courtesy that we wish were more cosmopolitanly followed than it is at present. * * * * * *

Dr. Wilbrand, Dean of the Medical Faculty of Giessen, emphatically denies the accusation against that school. The fact seems to be, that Sir Dominic has been egregiously hoaxed, and, in his eagerness to utter something astounding, has never stopped to inquire into the credibility of his informer. He has consequently been victimized, for which, under the circumstances, few will pity him.

Licentiousness in Paris.—We take the following extract from an interesting letter from Prof. Edmund Andrews, published in the *Chicago Medical Examiner:*

There are some curious developments of human nature in Parisian licentiousness. The strumpets often have a high opinion of themselves, and are even very pious. Here are specimens of their petitions to the Prefect of Police. One commences thus:—

"*Monsieur le Prefet:*—Being incapable of labor, in consequence of a double hernia and other grave maladies, it is not for the gratification of my passions, nor from bad habits, that I have for ten years been enrolled in your office (as a prostitute). The testimony from all my neighborhood, Monsieur le Prefet, will prove to you that I have, to some extent, effaced by my *morality, my decency,* and the *regularity of my conduct*, the degradation of my condition."

An old woman, aged 82, applies in the following terms, for permission for her daughter and granddaughter to open a new house of prostitution:—

"*Monsieur le Prefet:*—At the age of 82 years, and the mother of a numerous family, I implore, Monsieur le Prefet, your aid and protection. You who are the father of the poor, the support of the widow and the orphan, the stay of the afflicted, and the refuge of the unfortunate, will certainly not refuse my request. At an age so advanced, feeling myself near the time when I must render up my soul to God, and appear before my Creator, it is my duty to provide for my children, and to transmit to them my means of subsistence." Then follows her request for permission to establish a brothel, under charge of her daughter.

Another woman petitions for leave to open a new house, promising the Prefect that she will keep in it only "the most distinguished women," who will attract men of such irreproachable character, that "tranquillity, order, faithfulness and

healthfulness will be the inevitable result." Moreover, she declares that the splendor of the house and its furniture will be such that Paris will glory in it.

Another commences her petition as follows:—

"*Monsieur le Prefet*:—I have been a registered woman for ten years, and have lived in my own apartments *(fille de chambre)*. Feeling bound in honor to preserve intact the reputation of *honesty and delicacy* which I have acquired in my neighborhood, I am forced, in order to fulfil *sacred engagements and to pay some debts of honor*," &c. &c.

A Wolf in Sheep's Clothing.—In Switzerland a wolf in sheep's clothing has been admitted to the fold of the tender lambs. A young man by the name of Piquilloud, disguised as a woman, and assuming the name of a celebrated American female practitioner, has been practising medicine and surgery, particularly as a specialist in the diseases of women. In this way he was admitted into many families; and the fraud was not discovered until "the concupiscent and luxurious hermaphrodite," to borrow the words of the *Union Médicale*, called upon a hair-dresser to purchase a *chignon*. The impostor was convicted of illegal practice by the tribunal of police of the Canton Vaud, and condemned to a month's imprisonment. "A warning to husbands and too confiding fathers!"

Boston Free Public Baths.—During the month of September the number of bathers was 63,688; of whom 11,955 were men, 42,901 boys, 2,415 women, and 6,417 girls, being an excess of 21,965 over the number during the corresponding month in 1866. The whole number of baths given for the four months of the present year was 806,230, against 433,690 last year. This result is most gratifying, and probably had not a little to do with the general good health in Boston during the present season. The cost to the city this year will be about $25,000, or a little over three cents a bath; last year it was a little more than four cents.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, OCTOBER 12th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - - -	37	42	79
Ave. mortality of corresponding weeks for ten years, 1856—1866	46.4	41.2	87.6
Average corrected to increased population - - - - -	00	00	96.73
Deaths of persons above 90 - - - - - - - - -	0	0	0

COMMUNICATIONS RECEIVED.—Pediculi Vestimentorum. By F. B. Greenough, M.D.—Forced Respiration. By C. W. Spofford, M.D.—Splanchnoscopy.

BOOKS RECEIVED.—Catalogue of the Army Medical Museum. (From Surgeon-General U.S.A.)—Epidemic Meningitis, or Cerebro-spinal Meningitis. By A. Stillé, M.D. Philadelphia: Lindsay & Blakiston.—Hufeland's Art of Prolonging Life. By Erasmus Wilson, F.R.S. Philadelphia: Lindsay & Blakiston.

DIED,—In Francestown, N. H., Oct. 11th, Dr. Daniel F. Frye, aged 53.

DEATHS IN BOSTON for the week ending Saturday noon, Oct. 12th, 79. Males, 37—Females, 42. Abscess, 1—accident, 1—anæmia, 1—congestion of the brain, 1—disease of the brain, 4—burns, 1—cancer, 1—cholera infantum, 4—consumption, 21—convulsions, 1—cyanosis, 1—diphtheria, 1—dropsy, 1—dropsy of the brain, 2—dysentery, 1—scarlet fever, 3—typhoid fever, 2—gastritis, 1—disease of the heart, 3—infantile disease, 2—intemperance, 1—disease of the liver, 3—inflammation of the lungs, 3—old age, 1—premature birth, 2—puerperal disease, 1—disease of the spine, 2—suicide, 1—teething, 1—tumor, 1—unknown, 10.

Under 5 years of age, 28—between 5 and 20 years, 5—between 20 and 40 years, 19—between 40 and 60 years, 13—above 60 years, 14. Born in the United States, 53—Ireland, 26.